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SCIENTIFIC EVENTS

FARM COLONIES FOR TUBERCULOUS SOLDIERS

It is stated in the *British Medical Journal* that during the past year the National Association for the Prevention of Consumption has urged the formation of farm or garden colonies where discharged tuberculous soldiers, while regaining their health, may be trained in open-air occupations. At the annual meeting of the association on July 16, Professor Sims Woodhead sketched his own idea of a model farm colony. It should consist of a large enough tract of land to allow variety in the forms of cultivation introduced. The aim was not only to provide the patient with suitable and congenial work, but also to give him an occupation which should serve him as a means of livelihood, and a part of the farm colony, therefore, should be laid out on a generous allotment system. The colony should serve as an educational center and show how much could be done to improve the conditions of farm workers and the hygiene of farm buildings. To that end every farm colony should be a microcosm in which the maintenance of health and the prevention of infection should be absolutely secured. He thought also that accommodation should be provided for advanced cases. As far as possible, the patients should do the whole work of the colony themselves, and even the overseers should be tuberculous patients who were coming to the end of their term. The patient should help to contribute to the cost by his own labor. The state must provide the land, and it might also contribute towards preparation of the land and erection of the general buildings. But the special buildings, particularly the hospital buildings, should be jointly provided by local taxation, Treasury loan, and voluntary subscription. As the patient got stronger a certain portion of his earnings should be set aside as a bonus for him when he made a new start in life. In the subsequent discussion Sir R. W. Philip suggested that there was some risk of opening the door of the farm colony too wide. If the colony was to be a dumping ground for all grades of tuberculosis, its pur-

pose would be defeated. There must be a clear separation between early and presumably curable cases and dying cases; for the latter, of course, humane provision must be made, but not that of a farm colony. The class of cases to be taken were those which lasted a much longer time than the sanatorium could afford to keep them. Sir William Osler said that the essence of success in the treatment of the consumptive soldier was that he must remain a soldier—that is, he must be under control. Discipline was a very necessary factor in the life of a farm colony. Sir A. Griffith-Boscawen, M.P., parliamentary secretary to the Ministry of Pensions, said that his department had been faced with the difficulty that medical boards had generally assumed that when a man was discharged for tuberculosis the condition was not attributable to military service, and the result was that until lately the man had been turned adrift without pension or other provision. In France in such cases the benefit of the doubt was given to the man. The conditions of the service might at least have brought out the disease earlier than it would otherwise have manifested itself. The policy now was to assume in all cases that the disease was the result of military service unless the contrary was clearly proved.

RESEARCH WORK OF THE RED CROSS IN FRANCE

ANNOUNCEMENT has been made by the Red Cross that its War Council has appropriated \$100,000 for medical research work in France. This action follows a report from Major Murphy, Red Cross Commissioner to Europe, who cabled the following from Paris to the National Headquarters at Washington:

An extraordinary opportunity presents itself here for medical research work. We have, serving with various American units, some of the ablest doctors and surgeons in the United States. Many of these men are already conducting courses of investigation which, if carried to successful conclusions, will result in the discovery of treatments and methods of operation which will be of great use not only in this war, but, possibly, for years afterwards. To carry on their work they need certain special laboratory equipment, suitable

buildings, and animals for experimental purposes. At present, equipment and personnel can not be obtained through ordinary government sources without delay, which makes this source of supply quite impracticable.

Cooperation with Major Murphy in his plans is pledged by Dr. George W. Crile, of Cleveland, who headed the first Red Cross unit to reach France; Dr. Lambert, Dr. J. A. Blake, Colonels Ireland and Bradley, of General Pershing's staff, and various American experts on the ground.

A group of specialists in infant welfare has been sent to France by the American Red Cross. At its head is Dr. William P. Lucas, professor of pediatrics in the University of California.

He reports that there is need for doctors and nurses for work with mothers and children, and the Infant Welfare Unit will be prepared to give such immediate relief as it can. With him in the unit, which was financed by Mrs. William Lowell Putnam, of Boston, are Dr. J. Morris Slemmons, of the Yale Medical School; Dr. Julius Parker Sedgwick, physiological chemist, professor at the University of Minnesota; Dr. John C. Baldwin, specialist in diseases of children; Dr. Clain F. Gelston, Dr. Lucas's assistant at the University of California; Dr. N. O. Pearce, another specialist, and the following experts in sociology and child-welfare work: Mrs. J. Morris Slemmons, Mrs. William P. Lucas, Miss Elizabeth Ashe and Miss Rosamond Gilder, daughter of the poet. These specialists will survey the situation and study the work already being done by the French, and will practice without receiving compensation from patients. The task before the Red Cross, which will be carried on by this and succeeding units, is not only to cooperate with French specialists, but also to carry on a general educational campaign among French mothers in the interest of better prenatal hygiene and scientific feeding and care of the babies. Special efforts will be made to protect children from tubercular infection, which is particularly threatening France to-day as a result of trench warfare.

WAR DEMONSTRATION HOSPITAL OF THE ROCKEFELLER INSTITUTE

As has been noted in *SCIENCE* the Rockefeller Institute for Medical Research has recently opened a War Demonstration Hospital, on the grounds of the Institute, at Avenue A and 64th Street, New York, the funds for this purpose having been provided by a special appropriation of the foundation.

The purposes of this hospital are to treat patients suffering from infected wounds by methods which have been developed in European army hospitals, especially the methods developed by Dr. Alexis Carrel and Dr. H. D. Dakin, in the Military Hospital at Compiègne, France, and to demonstrate these methods in a practical way to American surgeons. The hospital will make no charge for treatment or care.

As a contribution to assist in solving the problem of cantonment, hospital and other temporary construction, the institute has housed the demonstration hospital in a series of portable buildings such as are used in the most improved base hospitals on the western front. In this way the conditions under which hospital work is carried on in France are imitated; at the same time there is demonstrated a method of knock-down construction which is used to a large extent at the front.

The War Demonstration Hospital is a double-walled construction with a double roof. It is thus well protected against both heat and cold; it is heated by steam, experience having demonstrated the desirability of steam in laundries, kitchens and wards, where more than 300 beds are installed.

The plan of the temporary hospital at the Rockefeller Institute was made by Mr. Charles Butler, a New York architect, who has for a year and a half studied French and British hospital construction in France; he collaborated with the French war department in designing hospitals.

On the basis of this experiment, it is probable that such hospitals could be erected and equipped in almost any part of the country at the rate of \$700 a bed for a 500-bed installation.